

# The hidden risks of the waiting room:

confidentiality and cross-infection

No one likes to spend longer than necessary waiting for their appointment at the GP practice. But as well as causing inconvenience, waiting rooms can also pose hidden risks in terms of information and infection: both can be unintentionally passed on to others. The very fact that a patient has to attend in person necessitates at least a minor breach of confidentiality, because there will almost always be other people in the waiting room observing the patient's presence. If a patient's particular illness has obvious and recognisable symptoms, being recognised can be a more serious breach of confidentiality because the other person now knows or suspects what condition the patient has. If an acquaintance, family member, or friend happens to be there, then the patient will be both identifiable and identified. This might not seem like a breach. However, if a file containing the names of those who had attended a GP practice on a given day was found on a bus, then that would be a breach of confidentiality — even if it only concerned one patient.

## PATIENTS CAN OVERHEAR

On emerging from an appointment, patients often have to speak to the receptionist again, whether to make a follow-up appointment, ask for a repeat prescription, or ask for a tube in order to provide urine or faeces. The first of these is fairly benign, although it constitutes another very minor breach of confidentiality: now everyone in the waiting room knows that the patient will be reattending, and when. The second might also seem fairly harmless, except that the patient will often have to state what medicine is required and perhaps even why. Anyone in the waiting room might then be able to deduce what condition the patient has. Finally, if a patient is overheard asking for a particular test, confidentiality is again seriously breached, because those overhearing will know precisely which condition is suspected.

The issue of confidentiality also affects telephone conversations, although the risk of a breach of confidentiality is generally reduced by 50% because the patient cannot be heard.

## PICKING UP BUGS AND GERMS

Information is not the only thing that can flow rather too freely in the surgery waiting room. The reception area of the GP surgery can be viewed as a collection of viral and bacterial incubators, many of which may be leaking. The typical patient's discomfort at waiting 10 or 20 minutes for an appointment will increase exponentially if they have to sit between two people exhibiting all the classic symptoms of flu. If the patient is unlucky enough to develop symptoms shortly thereafter, they are likely (rightly or wrongly) to assume that it was acquired from one of these people (all the more annoying given that flu is a virus and those suffering from it are advised not to attend GP surgeries, but to stay at home until well).

The literature on the risks of infection being passed on in waiting rooms is limited, but one study (conducted in a hospital waiting room setting rather than a GP surgery) estimated that the risk of acquiring flu during a 30-minute period to be around 3% — far from insignificant.<sup>1</sup> The risk for measles was over 13%.<sup>1</sup> This risk of acquiring infection is particularly significant for older patients and others with compromised immune systems. Ironically, if a patient happens to overhear that another has a potentially infectious disease, they can take action to avoid infection by moving away. The risk of infection comes not only directly from infected patients, but also from chairs, leaflets, and other reading materials that may have been touched or expectorated upon.

Children are another issue: often healthy adults attend with sick children, who play with shared toys and books that are then not wiped clean after use — waiting for potentially uninfected children to arrive and play with them. In addition, children often touch and play in close proximity with other children they do not know in waiting rooms, increasing the risk of direct infection to levels higher than in adults.<sup>2</sup>

## MINIMISING RISKS

Controlling the unwanted flow of confidential health data and potentially dangerous infections represent two major challenges

for GP surgeries. Although the actual danger from infection is more concrete, risks are relatively low and can be minimised further by adopting some of the following strategies. For reassurance, it might also help to display posters reassuring patients that the risk of infection is low. Several steps can also be taken to minimise the risk of infection.

Ideally, patients with infectious diseases would be placed apart from other patients. Children's toys and books should be cleaned frequently, but not banned entirely.<sup>2</sup> Any patients particularly vulnerable to infection, such as immunocompromised children, should not wait in the waiting room at all, but be moved to separate areas.<sup>1</sup> During acute periods of high infective risk, reading materials and toys should be entirely removed from waiting rooms.<sup>3</sup> Tissues should always be available in waiting rooms and posters should indicate good coughing and sneezing behaviours and etiquette.<sup>4</sup> Infection control should not be *ad hoc*, but planned systematically. The recommendation regarding confidentiality is simple: minimise information flow, and, if communication is necessary, try to speak privately or at low volume — particularly if the information involved is sensitive.

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## REFERENCES

1. Canadian Paediatric Society. Infection control in paediatric office settings. *Paediatr Child Health* 2008; **13**(5): 408–419.
2. GPs told to reduce number of toys in waiting room. *Pulse* 2012; **10 Jul**: <http://www.pulsetoday.co.uk/gps-told-to-reduce-number-of-toys-in-waitingroom/14259368>. article [accessed 27 Mar 2019].
3. Winnipeg Regional Health Authority. Acute Care Infection Prevention & Control Manual. *Infection prevention & control communication form management of shared reading materials in hospital waiting rooms*. 2015. [http://www.wrha.mb.ca/extranet/ipc/files/manuals/acutecare/Shared\\_Reading\\_Materials.pdf](http://www.wrha.mb.ca/extranet/ipc/files/manuals/acutecare/Shared_Reading_Materials.pdf) [accessed 27 Mar 2019].
4. Sood F, Tam CWM. Infection control in general practice waiting room: a qualitative study. RACGP Annual Conference [GP18], Gold Coast Conference and Exhibition Centre. 12 October 2018. <https://vitalis.com/?p=2639> [accessed 27 Mar 2019].

*“The busy reception area of the GP surgery can be viewed as a collection of viral and bacterial incubators ...”*